PATE	NT APPLICATION P	EE DETERMINA	spond to a collection of informatio	pred-for use through 7/31/2006, OMB or wh Office; U.S. DEPARTMENT OF COM n unless it displays a velid OMB control Againstian or Doctor	66 (08-0) 65 1-003 GKERC
	Substitute	for Form PTO-875	TION RECORD .	application or Docker Hypother	enuipe
	CLAIMS AS FILED - P			4-613977-	?
	(Column 1)				
. FOR		'{Cotumn 2}	SMALL ENTITY	OR OTHER THAN	N
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INDEPENDENT CLAIMS			X s	¬ , ~ , - , - , - , - , - , - , - , - , -	·
	minus 3 a	•		- OR X1	- 1
MULTIPLE DEPENDENT CL		1.16(d))	- '	OR XS	\neg
. If the difference in column	is less than any		J [+;	OR A	
	to con treu sero, enter or	n column 2 .	TOTAL		
CLAIMS	AS AMENDED - PAR	RT (I		OR TOTAL	7
つてノマンへ	41	•			\neg
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FIRST POSSESS	<u> </u>	2	×1/00:	OR x:50.	
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/	. ^		+480=	OR +: 360:	-
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		7	TOTAL	1 1 1	
(Column 1)	(Catumn 2)		OR OR	TOTAL ADD'L FEE	
CLAIMS REMAINING	HIGHEST	(Column 3)		- 4	
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IST PRESENTATION OF MULTIPLE	DEPENDENT CLAUS		100= OR	x:200	-
	. COM (37 CF)	1.16(d)) + s	182		
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ee entry in column 1 is less than "Highest Number Previously is "Highest Number Previously is "Highest Number Previously pa on of information is	Paid For IN THIS SPACE L	"O" In column 3.	OR OR	ADD'I'FEE I	
Highest Number Controllery	Paid For' IN THIS SPACE is id For' (Total or Independent) 37 CFR 1.16. The informationality is governed by 35 U.	oos USED ZO, enter 20.	found in the appropriate box in co		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application from to the USPTO. Time will vary depending upon the individual case. Any complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2